



Activity Registration Form

City of San José Department of Parks, Recreation & Neighborhood Services

Parent /Legal Guardian

Mrs.
Mr.
Mrs.

Last Name _____ Main Phone _____ Area Code _____ Number _____

First Name _____ Other phone _____ Area Code _____ Number _____

Address _____ Apt. No. _____

City _____ Zip+4 Code _____ New Address Y N

Relationship _____ Name _____

Alternate Contact _____ Email address _____

Place Barcode Label Here

☐ Check* ☐ Cash ☐ Credit Card
* Make checks payable to City of San José

Type: ☐ ☐ ☐ DISC ☐ VER

Card Number: _____

Expiration Date: _____

Card issued to: _____ Signature: _____

Participant Last Name	First Name	Age	Gender	Birthdate	First Choice		Second Choice	
					Course Number	Course Title	Course Number	Course Title
#1			M F	/ /				
#2			M F	/ /				
#3			M F	/ /				
#4			M F	/ /				

Help Us Help Others - Youth Activities Grant Fund Donation Enter amount here: _____

Citywide Activity Guide Subscriptions now available for \$10 per year.

Activity Guide Subscription

Non-resident Fee **\$27 per class**

Special Accommodations: City of San José Department of Parks, Recreation and Neighborhood Services welcomes individuals with disabilities into programs. Please indicate participant, any medical problems, and describe any accommodations needed for successful inclusion in the program(s). (Allergies food/medicine/environment, medical conditions, medications, etc.).

Name: _____
Special Accommodations: _____

Liability Release (Must be signed by participant or if under 18, parent or legal guardian.)

The undersigned has read the PRN's policies and procedures set forth within, in consideration of participation in the enrolled class(es), agrees to indemnify and hold the City of San José harmless, and release the City of San José from any and all liability for injury which may be suffered by the above named individual(s) registered in the class arising out of or in any way connected with participation in the class except as arises out of the sole willful act or sole active negligence of the City of San José, its officers, agents or employees. I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.



Signature:

Date:

I understand that the City of San José may photograph or videotape the events or activities in which I am (or my child) is participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San José and its services/programs or for educational purposes. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to participate in City events.



Signature:

Date:

You are enrolled in the following classes:

☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #1
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #3
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #4
Registration Fee _____
Surcharge _____
Non-Resident Surcharge _____
Subscription _____
Donation _____
Total Fee _____
Total Received _____

Refunds

☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #2
☐ Class Cancelled
☐ Class Full
☐ Waiting List

Class #4
Payment Name _____
Over/Short _____
Date Processed: _____
Date Receipt Mailed to Patron: _____
Staff Signature: _____
Location: _____

METHOD OF PAYMENT

☐ Cash ☐ Check # _____
☐ Credit Card ☐ Check # _____
Batch # _____
Ref # _____

For Camp Participants Only
Child Shirt Size (Check one)
____ Child M (14-16) ____ Adult M
____ Adult L ____ Adult XL